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Behavioral Health EHR

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SOS
610 N. Silver St
Silver City, NM 88061
575-956-6131
575-956-6947
Haley, Shelly
ID: 1000010733986 DOB: 4/17/1975
Case Management Note (SOS)

Use Note Creation Time

Clear Time

Set Date/Time

7/30/2023
2:45 PM

Delusional disorders, F22 (ICD-10) (Active)
Major depressive disorder, recurrent, mild, F33.0 (ICD-10) (Active)

History of Risk Factors:
*History of Alcohol or Substance Abuse
*History of Mental Illness:
Carries a Diagnosis of Manic Depressive Illness
History of Severe Anxiety or Panic Attacks

Current Risk Factors:
*Experiencing Severe Anxiety or Panic
*A Major Depression is Present

Suicide Risk Assessment:
She denies suicidal ideas or intentions.

Suicide Risk:
Based on the absence of risk factors, Ms. Haley's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

Violence Risk:
Based on the risk factors reviewed, Ms. Haley's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

Access to Lethal Means:
Access to lethal means was discussed with Ms. Haley. She denies having access to lethal means at this time.

1 Unit for H2015 Comprehensive Community Support Services - TV

Time spent face to face with patient and/or family and coordination of care: 15 min

Session start: 2:30 PM
Session end: 2:45 PM

T.Y.
Ryan Dingess, CSW
Electronically Signed
By: Ryan Dingess, CSW

Service Location

Turn

Audit Log

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